



277 North Winton Road
Rochester, NY 14610
Phone (585) 319-5608 Fax (585) 672-6212

LETTER OF TRANSMITTAL

Date: April 13, 2016
Job No. TBD
Attention: Air Compliance Branch (DECA - ACB)
RE: Watervliet BLDG 10 Engineering Abatement

TO: US EPA - Region 2, Division of Enforcement & Compliance Assistance
290 Broadway - 21st Floor
New York, NY 10007-1866

Watervliet BLDG 10 Engineering Abatement

WE ARE SENDING YOU: ☐ Attached ☒ **FIRST CLASS MAIL** The following items:

☐ Shop Drawings ☐ Change Order ☐ Prints ☐ Plans ☐ Specifications
☐ Copy of Letter ☐ Samples ☐ Contract ☒ EPA Notifications

QTY	DATE	DESCRIPTION
2	4/13/2016	Watervliet BLDG 10 - Engineering Flooring Abatement

THESE ARE TRANSMITTED as checked below:

☒ For Approval ☐ Resubmit ____ Copies for Approval ☐ Approved as Submitted
☒ For Your Use ☐ Resubmit ____ Copies for distribution ☐ Approved as Noted
☐ As Requested ☒ Return additional copies ☐ Returned for Corrections
☐ For Review and Comment ☐ Returned for bid deposit ☐ FOR BIDS DUE ____

Remarks:

Please return the attached copies, indicating receipt, in the pre-posted envelope provided.

Thank you for your time,

Geoff

Signed:

Geoffrey Smith
President

CC: Project File

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project # TBD		Postmark		Date Received		Notification # 001	
I. Type of Notification (O=Original R=Revised C=Canceled) Original							
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Watervliet Arsenal							
Address: 1 Buffington Street							
City: Watervliet				State: NY		Zip: 12189	
Contact: Connie Turner				Tel: 518-266-4631			
REMOVAL CONTRACTOR: Greenleaf Environmental Services, LLC							
Address: 277 North Winton Road							
City: Rochester				State: NY		Zip: 14610	
Contact: Geoffrey Smith				Tel: 585-319-5608			
OTHER OPERATOR:							
Address:							
City:				State:		Zip:	
Contact:				Tel:			
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation							
IV. IS ASBESTOS PRESENT? (Yes/No) Yes							
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Building 10 - Engineering 2nd Floor							
Address: Buffington Street							
City: Watervliet				State: NY		County: Albany	
Site Location: Building 10 Engineering Offices and hallway, within the Watervliet Arsenal							
Building Size: 60,000				# of Floors: 4		Age in Years: 65	
Present Use: Mix use (office, warehouse, etc.)				Prior Use: Mix use (office, warehouse, etc.)			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Site Survey							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below UNIT	
				Category I	Category II		
Pipes						Ln Ft:	Ln M:
Surface Area			7,700			Sq Ft: X	Sq M:
Vol RACM Off Facility Component						Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/2/16						Complete: 5/13/16	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/2/16						Complete: 5/13/16	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Manual removal of Carpet & ACM Flooring (VAT), within negative pressure containment with wet methods.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Remote Decontamination unit, negative pressure containment and wet methods

XII. WASTE TRANSPORTER #1

Name: Action Waste

Address: P.O. Box 181

City: West Sand Lake

State: NY

Zip: 12196

Contact Person:

Tel: 518-788-6726

WASTE TRANSPORTER #2

Name: County Waste

Address: P.O. Box 431

City: Clifton Park

State: NY

Zip: 12065

Contact Person:

Tel: 518-877-2364

XIII. WASTE DISPOSAL SITE

Name: County Waste

Address: P.O. Box 431

City: Clifton Park

State: NY

Zip: 12065

Tel: 518-877-2364

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

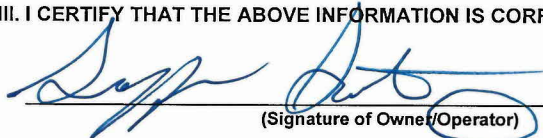
Regulate/Isolate the area, identify materials and perform incidental cleanup activities.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.


(Signature of Owner/Operator)

4/13/16
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:


(Signature of Owner/Operator)

4/13/16
(Date)